

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044517

Registration District No. 159

Primary Registration District No. 5590

Registrar's No. 39

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 159  
FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big River Twp</b>		c. CITY OR TOWN <b>Big River Twp</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If outside, give location) <b>Big River Twp</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MAUDE ELIZABETH PINNELL</b>		4. DATE OF DEATH Month Day Year <b>Nov 13, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/11/1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (last birthday) <b>84</b>
11a. FATHER'S NAME <b>Jospeh Hill</b>		11b. BIRTHPLACE (City and state or country) <b>Jefferson Co., Mo.</b>	
12a. MOTHER'S MAIDEN NAME <b>Addie Carpenter</b>		12b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>		14. SOCIAL SECURITY NO.	
15. INFORMANT <b>Olive Baker, St. Clair, Missouri</b>		16. ADDRESS	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lax. Ventricular Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic C &amp; disease</b> DUE TO (c) <b>myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-5 days</b> <b>10-15 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1959</b> , to <b>death</b> and last saw her alive on <b>10-15-63</b> Death occurred at <b>12 noon</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John F. Pinnell MD</b> (Degree or title)		22b. ADDRESS <b>St. Clair, Mo.</b>	
22c. DATE SIGNED <b>11-14-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>11/16/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Clair, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>11/15/63</b>	
24. FUNERAL DIRECTOR <b>James Baker St. James, Mo.</b>		25. REGISTRAR'S SIGNATURE <b>Carl E. Pinnell</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.